



July 17, 2017

Health Facilities and Services Review Board
525 West Jefferson St.
Springfield, IL 62761

Re: Final Realized Cost Report Project #13-057-Parkview Home, Freeport

1. The detailed itemization of all project costs and sources of funds:

Site preparation costs- \$56,177.00
Construction Contract-\$7,893,823.00
Change orders- (\$19,077.00)
Fixed Capital Equipment-0
Architecture Fees-\$637,500.00
Consulting Fees-\$0
Net Interest Expense-\$30,031.00
Other Costs-\$319,385.00
Total \$8,917,839.00

Parkview has a loan of approximately \$4,000,000.00
Fund Raising of \$1,338,933.00
Balance of the money came from Parkview Funds

2. & 3. To my knowledge these are the final costs for the completed project. See notarization below.

4. Enclosed is a copy of the final contractor bill G702.

If you have any questions or need more information, please contact me at 815-232-8612.

Sincerely,

Debra Gitz
Debra Gitz, Administrator

RECEIVED

JUL 19 2017

HEALTH FACILITIES &
SERVICES REVIEW BOARD

AIA DOCUMENT G702

PAY REQUEST NO: 14
DATE OF PAY REQUEST: 5/25/2017

CONTRACT DATE: 10/21/2015

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR: Ringland-Johnson, Inc.

State of Illinois County of Boone
Subscribed and sworn to before me this 25th Day of May 2017

In accordance with the Contract Documents, based on on-site observations and the data comprising the above application, that to the best of the Owner's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

By: _____ Date: _____

OWNER:

This certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

Total changes approved in previous months by Owner	\$ 13,557	\$ (32,634)
TOTALS	\$ 13,557	\$ (32,634)
NET CHANGES by Change Order		\$ (19,077)

Attached to letter to
Health Facilities + Services
Review Board +
Contractor bill

ACKNOWLEDGMENT

State of Illinois)
County of Stephenson) ss

This instrument was acknowledged before me on July 10, 2017
(Date)

by Debra Gitz
(Name(s) of Person(s))

as Administrator
(Type of authority, if any, e.g., officer, trustee; if an individual, state "a married individual" or "a single individual")

of Parkview Home
(Name of entity on whose behalf the document was executed; use N/A if individual)

(Notarial Seal)



Alison B Hille

Printed Name: Alison B Hille

Title (and Rank): _____

My commission expires: May 10, 2020